

THE FEEDING OF MOTHERS IN CONFINEMENT

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HAVING done obstetrical nursing for the greater part of ten years, I wish to give helpful suggestions out of my own experience to those who are interested in this line of work.

Each nurse must be guided by the wishes of the physician in charge as to the general diet of her patient. When left to her own judgment, she should reject many articles which are best avoided by the nursing mother, as they may give her indigestion and consequently cause colic in the baby.

A woman in bed and inactive cannot digest the same food that one can who is up and exercising; therefore I advise abstaining from hot breads, fresh bread less than two days old, fried foods, pastry, and cake. All these are gas-producing foods, and while some patients may crave them, they will not produce strength.

It has also been my experience that charged drinks, such as Vichy, Seltzer, apollinaris, and ginger ale, produce gas and are bad alike for mother and baby. I would urge nurses to persuade nursing mothers to avoid tea and coffee. Many a mother will say, "I cannot live without my cup of tea or coffee." Coffee never increases the supply of milk, its tendency being to dry the secretions. While tea may increase the quantity, it has a tendency, as well as coffee, to make the baby very nervous. Hot milk and weak cocoa are good substitutes, and you will find that the patient can soon be satisfied with these.

Mothers are usually both willing and anxious to do whatever will help them to be stronger and more capable of caring for their babies. If you convince them that this self-denial will tend to make the baby well and strong and give him a good start in life, few mothers are so selfish and headstrong as to disregard your advice.

The first two days push the liquids, so as to encourage the secretion of the breasts.

First Day.—Give milk, beef-tea, or chicken-broth, clam-broth, crackers, or toast at intervals of from three to four hours.

Second Day.—Breakfast of cereal with plenty of cream, toast and hot milk; ten-thirty A.M., cup of beef-tea or broth; one P.M., luncheon of poached egg on toast and soft custard; four P.M., glass of milk; six-thirty P.M., supper, creamed oyster soup and crackers; ten P.M., glass of milk.

Third Day.—Cut down a little on fluids, else the breasts will become over-distended. Breakfast, cereal with cream, soft-boiled egg, toast, and

a cup of weak cocoa; ten-thirty A.M., juice of an orange; one P.M., dinner, boiled chop, spinach, and baked custard; four P.M., half a glass of milk; six P.M., supper, scrambled eggs, toast, milk, and calves'-foot jelly.

Fourth Day.—Add baked potato for dinner.

For the first week I prefer to give the dinner at noon. The second week a more liberal diet may be allowed. At dinner any kind of plain soup such as animal broths creamed or vegetable soups, but never that made of black or white beans; fish—broiled, baked, or boiled; birds—poultry, except ducks, also beef, lamb, and sweetbreads.

Always give a fresh vegetable with the dinner, such as peas, string beans, spinach, asparagus, squash, young carrots, fresh or creamed celery and lettuce, but not brussels sprouts, cauliflower, onions, boiled cabbage, or baked beans. Thoroughly ripe fruits may be used, fresh, stewed, or baked.

At the end of the second week the breasts have accommodated themselves to their increased contents, and the patient can again take a larger amount of liquids. She should by this time take three good meals a day and also a glass of milk, egg-nogg, or cocoa between meals at ten-thirty A.M. and four P.M.

The quantity of liquids given is a question of judgment for the nurse from the beginning. Should the supply exceed the demand, reduce the quantity of fluids, but always give water freely, as that is necessary for the proper action of the kidneys. If the quantity of milk secreted is not sufficient, add to the diet a gruel composed of equal parts of oat-meal gruel and milk and give between meals.

I believe a generous diet of nourishing and digestible food, without stimulants, to be the secret of a good and lasting milk supply and of a comfortable and healthy baby.

WORK AS A REMEDY IN NEURASTHENIA.—Dr. Herbert J. Hall in an article in the *Boston Medical and Surgical Journal* says: "Idleness probably precedes neurasthenia quite as often as does work, and it will be difficult or impossible to find a case apparently produced by overwork without a clear accompaniment of worry. He has established a shop in which neurasthenic patients are encouraged to work at weaving, pottery, and basket-making in the hope that definite employment of an agreeable nature will give them something else to think of than their own nerves. So far the experiment has been productive only of good. In work is a therapeutic agent which deserves an intelligent trial over a wide field."